2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P02000067062

Entity Name: NATURAL HEALING ARTS MEDICAL CENTER, INC.

Current Principal Place of Business:

2215 59 ST W
A
BRADENTON, FL 34209

New Principal Place of Business:

2215 59 ST W
BRADENTON, FL 34209

Current Mailing Address:

2215 59 ST W
A
BRADENTON, FL 34209

New Mailing Address:

2215 59 ST W
BRADENTON, FL 34209

FEI Number: 04-3698658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, ROBERT F ESQ.
1301 SIXTH AVE W, STE 400
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OD ( ) Delete
Name: ZAMIKOFF, DAVID S
Address: 2215A 59 ST W
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition
Name: ZAMIKOFF, DAVID S
Address: 2215 59 ST W
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ZAMIKOFF OD 04/28/2008

Electronic Signature of Signing Officer or Director Date